Approved For Release 2006/11/15-16/ARDP75-00399R000100110025-8

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REPORTS INVENTORY								1	DDS/OF=094		
PREPARE IN DUPLICATE											
i. TITLE OF REPORT (if a fill-in report include Form No.) 2.											
Report of Accountings on Hand REPORT X NARRATIVE											
PERSONNEL TRAINING								ADME	I IMACHIN	E-NAME LISTING	
3. FUNCTIONAL AREA			LOGISTICS		SECURITY			OTHER (specify)			
			MEDICAL		FINANCE],]				
4. NO. OF COPIES	PREPAR	RED	5. FREQUENCY	OY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)			
1		Weekly					0				
7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRE										G REPORT	
computer print-out, etc) YES IF YES GIVE ADP PROCESSING NO. Memorandum X NO Chief, PSAD											
Memorandum X NO Chief, PSAD 10. PREPARING COMPONENT (include lowest level 11. FEEDER REPORTS (State total number and identify by Title,											
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.)											
PSAD											
12. COST FACTORS											
A. MANUAL PREPARATION AND REVIEW COSTS											
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13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,											
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.											
Keeps C, PSAD currently advised of status of accountings to be processed.											
14. FUTURE GOALS											
										ED SAVINGS	
X RETAIN AS IS OTHER (explain)										DOLLARS	
CHANGE OLSOOF SAIRS											
16. DATE OF INVE		117	. NAME AND TIT	LE OF PE	RSON F	URNISHING INF	ORMATION	1		18. EXTENSION	
Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110025-8											
FORM TIM				j	C	essification	1			122-96-431	